GOVERNMENT OF ANDHRA PRADESH
ABSTRACT

COVID-19 - Prevention, Control and Management in the Urban Areas of Andhra Pradesh State – Standard Operating Procedure (SOP) – Orders - Issued

HEALTH, MEDICAL AND FAMILY WELFARE (B2) DEPARTMENT

G.O.Rt.No.224 **Dated: 31.03.2020**

Read the following:

1) G.O.Rt.No. 189, HM&FW (B2) Dept., Dt. 13.03.2020.
2) G.O.Rt.No. 202, HM&FW (B2) Dept., Dt. 18.03.2020.
3) G.O.Rt.No. 204, HM&FW (B2) Dept., Dt. 19.03.2020.
4) G.O.Rt.No. 209, HM&FW (B2) Dept., Dt. 22.03.2020.
5) G.O.Rt.No. 210, HM&FW (B2) Dept., Dt. 23.03.2020.
6) G.O.Rt.No. 211, HM&FW (B2) Dept., Dt. 23.03.2020.
7) G.O.Rt.No. 215, HM&FW (B2) Dept., Dt. 23.03.2020.
8) G.O.Rt.No. 216, HM&FW (B2) Dept., Dt. 24.03.2020.
9) G.O.Rt.No. 218, HM&FW (B2) Dept., Dt. 27.03.2020.
10) G.O.Rt.No. 219, HM&FW (B2) Dept., Dt. 27.03.2020.
11) G.O.Rt.No. 642, G.A(CABINET.I)Dept., Dt.27.03.2020.
12) G.O.Rt.No. 221, HM&FW (B2) Dept., Dt. 29.03.2020.
13) G.O.Ms.No. 50, HM&FW (B2) Dept., Dt. 29.03.2020.

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ORDER:

Government has taken several measures to prevent, control, and manage the outbreak of COVID – 19 in the State of Andhra Pradesh. While the number of cases in the State are relatively modest at present, experiences from other countries reveal that urban areas are more vulnerable to rapid spread of the infection. Moreover, urban settings have some common characteristics, many of which are disruptive factors that need to be addressed comprehensively for effective preparedness to tackle the infection.

2. In order to reinforce the management effectiveness of COVID-19 response in the Urban Local Bodies (ULBs) of the State, the following orders are being issued for strict compliance by all concerned. These instructions have to be customised for each ULB, with focus on Prevention, Control and Management of the pandemic effectively. Every ULB must prepare a micro-plan for immediate implementation.

Public Health Management:

3. While the potential threat of the pandemic requires all available human resources to be deployed, the surveillance system would have to be constituted, supervised, monitored, reported and actioned by the public health system. A two pronged approach will be followed for effective surveillance. The **first level of surveillance** will be done by the "**Primary Health and Surveillance Teams"** consisting of the Ward Volunteers along with the ASHA worker duly supported by the ANM of the Ward Secretariat. If necessary and particularly for GVMC, VMC & GMC an additional ANM will be attached to the Ward Secretariat by redeployment of surplus ANMs in the District or by contracting the services of unemployed / private sector ANM. Besides, for the slum areas, Resource persons will be members of the Primary Team. Also "Nodal Officers" appointed for special shelter centres and slum areas will be part of the Primary Teams. The "**Secondary Health and Surveillance Teams**" consisting of one Medical Officer and Paramedical staff of the Urban PHC or Health Centre already Notified under COVID ORDER 6 dated 27th March, 2020 of Health, Medical and FW Department shall act as the **second level of surveillance** and will be responsible for all the cases of high risk and symptomatic people identified for closer surveillance and testing. House Surgeons may also be included

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in the Secondary teams and also Ward coordinators too as identified by Municipal Commissioners. The secondary teams will be constituted one for each Ward for VMC, GVMC and GMC and one for two Wards for other Municipal Corporations and one for 3 (upto 5 wards) Wards for all other Municipalities. The secondary teams will be positioned at the UHCs or in a designated place provided by the Municipal Commissioner in the ULBs. The staff of the secondary teams could be positioned either through redeployment of surplus staff, if any, or by contracting the services of private Doctors / foreign trained Doctors.

4. To supervise the overall functioning of primary and secondary health and surveillance teams, a **Municipal Health and Surveillance Team** consisting of a Programme officer/ Senior Medical officer deputed by the DMHO/Additional Medical and Health Officer in the case of GMC,VMC,GVMC, Sub Collector/Revenue Divisional Officer/Tahsildar, Deputy Superintendent of Police/ Circle Inspector and the Municipal Commissioner will be constituted for implementation of various measures to prevent, control and manage COVID-19.

Effective Surveillance:

5. The ULB administration shall ensure constitution of the surveillance teams coupled with proactive participation of the community for effective surveillance, early detection of infected persons, close monitoring of high-risk persons (HRPs), and quarantine and testing of suspected patients, contact tracing, containment etc. In order to strengthen the surveillance of every member of every household, the entire ULB shall be categorised into the following categories:

a) Migrant workers without housing / Homeless People;

b) People living in the Slum areas that include Notified as well as Un-notified and unauthorised tenements, etc.; and

c) Non-Slum areas of the ULB

6. Special Shelter Centres: The migrant workers, homeless people, beggars, etc., have to be housed in centres with lodging and boarding services. The District Collector / Municipal Commissioner must appoint a "Nodal Officer" exclusively for the management of each of such Centres. The Auxiliary Nurse Mid-Wife (ANM) of Primary Health and Surveillance Team must visit each centre to conduct rapid health check of every inmate of these centres for symptoms / signs of COVID-19 (summarised below), with particular focus on high risk persons (HRPs). The ANM must report to the Secondary Health and Surveillance Team for close follow-up.

7. The Social Welfare Department functionaries working shall be responsible for the management of these centres under the direction of the commissioner of Municipality/Corporation and overall control of DD (SW) of the District. Expenditure for this purpose can be met from State Disaster Relief Fund (SDRF).

8. <u>Non-Slum Areas</u>: Municipal Commissioner / District Collector shall designate one officer as the "Ward Coordinator" for each Ward in the ULB to implement, monitor, and report all activities relating to the COVID-19 management. The Primary Health and Surveillance Team duly assisted by the Ward Coordinator and the Secondary Team will visit every house in the Ward and collect information summarised below. The Primary Health and Surveillance Teams will also provide information about the essential elements of "home isolation, social distancing, identification of early symptoms of infection, reporting of symptoms and contacts etc." to the families under their care.

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9. Considering that most families in the non-slum parts of urban areas have access to smart phone / internet facility, the families will be encouraged to self-report any symptom relating to the COVID-19, via telephone and / or web-portal, both of which will be widely publicised through pamphlets, handouts, street corner announcements, etc. The Ward Coordinator would also be responsible for maintenance of hygiene and sanitation in the assigned Ward.

10. Slum Areas: The strategy outlined here would apply to all households living in slum areas, including those notified, un-notified, 'illegal' settlements, scattered tenements, etc., where most of the people are below the poverty line (BPL). Considering the density of population in the slum areas, intensive measures are required for effective surveillance for COVID-19. Moreover, strategy for - early reporting, contact tracing, quarantine, treatment, etc. has to be customised for each slum.

11. Accordingly, for every street or cluster of households of about 50 to 100, a person from the community – community resource person, leader of urban self-help group (SHG), Ward Volunteer, Ward ANM, ASHA worker as part of the Primary Team shall be made responsible for surveillance and monitoring of every person in every household in that street/cluster. Municipal Commissioner shall assign responsibility for surveillance, reporting, monitoring for each slum to a "Nodal Officer" who shall also be responsible for sanitation in the area. The Secondary Team including the 'Ward Coordinator' will have overall responsibility for coordinating surveillance, reporting, monitoring, sanitation etc. for all activities relating to the COVID-19 management in her/his Ward. Proactive participation of the community is critical for success of this strategy.

Surveillance Protocol

12. The following information will be collected for every person in every household in the first instance and thereafter every day for high risk persons and others on alternate days.

a) Demographic data such as Name, Sex, Age (in four categories of less than 3 years, between 3 -15years, between 15-60, and more than 60 years.)

b) High Risk factors: Co-morbid health conditions such as Hyper-Tension, Diabetes, Asthma, Tuberculosis, Cancer, chronic Liver / Kidney disease, Chronic Obstructive Pulmonary Disease (COPD), post-transplant persons, persons on treatment for HIV / AIDS, etc.

c) Presence of COVID related symptoms, such as: Fever, Dry Cough, Sore throat, difficulty in breathing. If any of these symptoms are present, duration of the symptoms. Anyone with history of fever and/or Dry cough/Sore throat for more than 3 days or sudden onset of breathlessness without previous history shall be immediately referred to the Secondary Health and Surveillance Team.

d) Special Attention shall be given to areas designated as Red Zones due to positive cases or where contacts of positive cases (contact tracing) are found. Active surveillance shall be mounted in these areas in order to ensure symptomatic persons are identified and duly given medical attention.

13. Surveillance System: The above data from each household will be collected from each person either by visiting their house, contacting over phone, through web portal or through cluster managers from Apartment Associations etc., by the persons mentioned above. The contact details of all functionaries responsible for surveillance in any slum/Ward/zone/ municipality shall be notified to the citizens through wide publicity using all media instruments.

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14. **Data Management:** The data detailed above will be collected by the Primary Health and Surveillance Teams and uploaded to the web portal https://health.ap.gov.in/MAATHASISU/# .The data can be uploaded by the individuals themselves through web portal, by informing the Ward Coordinators or through telephone. The Municipal Commissioners/District Collectors shall use the dashboards for ensuring that the surveillance and contact tracing happens effectively without any shadow zones.

15. The data thus collected will be processed by the Municipal Commissioner with the assistance of the Municipal Health and Surveillance Team and immediate follow-up action will be initiated as per the Standard Operating Procedure (SOP) by the District Administration.

16. **Frequency of data collection:** The data will be collected on daily basis for the high-risk category people and on alternative days for others.

Follow-up Action

17. Based on the surveillance, the following action will be taken by the Ward Coordinator in consultation with the Secondary Health and Surveillance Team and under the overall guidance of the Municipal Health and Surveillance Team:

a) All high-risk persons (HRPs) will receive visit from the medical officer of the Secondary Health and Surveillance Team who will ensure that the person is on appropriate treatment and is complying with the social distancing measures.

b) Individuals having symptoms that are likely to be positive for COVID will be advised to undergo self-isolation for 14 days. Besides, the case will be notified to the Secondary Health and Surveillance Team, which in turn shall inform to the Municipal Team for further measures as per the established protocol.

c) For HRPs showing mildest symptoms suggestive of COVID-19 shall be shifted to the quarantine facility for further examination and management.

d) Contact tracing of positive patient and quarantining the persons is essential component of COVID-19 suppression strategy. If more than one person in an area is exhibiting symptoms suggestive of COVID-19 with multiple contacts in contiguous areas, measures would have to be taken as per the protocol established for the management of 'red zone' by the district health team.

Public Information and Behavioural Change

18. Disseminating information about all aspects of the pandemic is critical for the success of this strategy and plan of action. All forms of communication – handouts, pamphlets, paper notification, television / FM radio, street corner loudspeaker announcement, house-to-house communication – is critical. The information must encompass not only detailed information on the infection dynamics, but also the contact details – address, contact telephone, e-mail, web-portal – of all functionaries from the Ward level to state level who can be contacted at the shortest notice.

19. Health and Surveillance Teams along with Ward Coordinators shall ensure not only the dissemination of the information about all aspects of the pandemic but also ensure that every measure prescribed is followed by the public as a way of life rather than a measure forced upon them by government. Efforts by the teams on the behavioural change of the public is very critical in containment, control and prevention of COVID-19 among community.

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Overall Management

20. The overall responsibility for the effective management of COVID-19 response is placed on the Commissioner of the Municipality / Corporation concerned. He shall work under the direct supervision and control of the District Collector and with the guidance of the senior IAS officer assigned to the District. The Municipal Commissioner shall be part of the Municipal Health and Surveillance Team. The Commissioners are hereby authorised to contract the services of any professionals with the approval of the district collector and the expenditure shall be met from the SDRF.

21. To clarify further, the public health system is required to be strengthened for effective surveillance, follow-up action, dissemination of public information and causing behavioural change. This is sought to be achieved by setting up a vertical structure as detailed in the Annexure to this G.O.

22. The Special Chief Secretary, Department of Medical and Health, will provide overall technical guidance, supervision and control over the COVID-19 management measures. The Commissioner and Director of Municipal Administration and the Secretary, Municipal Administration and Urban Development Department shall be responsible for overall operational management detailed above.

(BY ORDER AND IN THE NAME OF THE GOVERNOR OF ANDHRA PRADESH)

NILAM SAWHNEY
CHIEF SECRETARY TO THE GOVERNMENT

To
The Secretary, Municipal Administration and Urban Development.
All Special Chief Secretaries / Principal Secretaries / Secretaries to Government.
The Commissioner of Municipal Administration and Urban Development.
The Director General of Police, Government of Andhra Pradesh.
All Head of Departments of Government of Andhra Pradesh.
All the District Collectors in the State.
All the Superintendents of Police in the State.
All the Commissioners of Urban Local Bodies.

Copy to :

All Advisors to the Government of Andhra Pradesh / Hon'ble Chief Minister.
All Officers of Chief Minister's Office.
The OSD to Dy.CM(H, FW&ME).
The P.S to Chief Secretary to Government.
The Spl.C.S to Government, HM&FW Department.
SF/SC.

//FORWARDED: : BY ORDER//

SECTION OFFICER

(Contd. Annexure)

ANNEXURE to G.O. Rt.No.224, HM&FW (B2) Dept., dt.31.3.2020.

I. Primary Health and Surveillance Team:

1. Ward Health Secretary.
2. ANM (redeployed from surplus ANMs if any, particularly for GVMC, VMC and GMC).
3. ASHA workers.
4. Ward volunteers.
5. Resource persons from MEPMA (for slum areas).
6. Nodal officer of Special Shelter centres/Slum areas.

II. Secondary Health and Surveillance Team:

1. Medical doctor (through re-deployment of surplus medical officers, if any or by using services of private medical officers).
2. House surgeon(s) as per requirement.
3. Paramedical staff.
4. Ward Coordinator(s) – preferably Sanitary Inspectors.

III. Municipal Health and Surveillance Team:

1. Municipal Commissioner.
2. Programme officer/ Senior doctor deputed by the DMHO(Additional Medical and Health Officer for VMC, GMC, GVMC).
3. Sub Collector/ Revenue Divisional Officer/ Tahsildar.
4. Deputy Superintendent of Police(s)/Circle Inspector.

The jurisdictional area of the "Primary Health and Surveillance Team"(PHST) is the existing ward secretariat area. For the "Secondary Health and Surveillance Team"(SHST) concerned, the following table is applicable.

ULBs	**SHST**
GVMC, VMC, GMC	@1 per ward
Other Corporations	@1 per 2 wards
All other Municipalities	@1 per 3 wards (or upto 5 wards)

NILAM SAWHNEY
CHIEF SECRETARY TO THE GOVERNMENT